



Commissioner
for Children and
Young People,
South Australia
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First Port of Call

Supporting the South Australian health
care system to better meet the needs
of trans and gender diverse children
and young people

The Commissioner's Role

The South Australian Commissioner for Children and Young People is an independent statutory position, established under the *Children and Young People (Oversight and Advocacy Bodies) Act 2016* (*the Act*).

The Commissioner's role includes advocating for systemic changes to policies, programs and practices that impact the rights, development and wellbeing of South Australia's children and young people.

This work is directed by the issues and experiences of children and young people themselves, with a specific focus on those who struggle to have their voices heard.

Language

Throughout this report we've chosen to use the phrase 'trans and gender diverse' to describe children and young people seeking access to gender-related health care services. These umbrella terms cover many of the different ways gender can be expressed, experienced and perceived and where a person's gender identity differs from that normatively expected of their sex as assigned at birth. We've also chosen to use the acronym LGBTQIA+ to express the diversity in gender that exists across our community inclusive of lesbian, gay, bisexual, trans, queer/questioning, intersex, asexual and other gender identities.

We acknowledge the diversity of language and terminology used to describe gender. We also acknowledge that children and young people themselves are not a homogenous group and that they use a range of terms to describe themselves and their own experiences.

Also, when we discuss 'gender-related health services' we are primarily focused on therapeutic responses to gender dysphoria to support gender transition. We also recognise that the broader health needs of trans and gender diverse children and young people can be complex, and are often connected to their personal experience and social context.

Please note: All quotes from children and young people appearing throughout this report have been transcribed verbatim, with any 'corrections' appearing in brackets.

Suggested Citation

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First Port of Call: Supporting South Australia's health care system to better meet the needs of trans and gender diverse children and young people.

Contents

- Commissioner’s Foreword 4
- Recommendations..... 5
- Identifying as a Trans or Gender Diverse Child or Young Person..... 8
- Our Approach to Consultation 9
- Accessing Gender Related Health Care Services..... 10
- Proposed Strategies and Models..... 20
- Next Steps..... 26



Commissioner's Foreword

Since my appointment as Commissioner for Children and Young People in 2017, I have heard from many South Australian trans and gender diverse children and young people who have raised with me the obstacles they encounter when trying to access health and education services.

They have talked about the fact that their lives are made more difficult because the systems and services they need have not always kept up with social change. We know work is currently being done to develop a plan for improving the experience of LGBTQIA+ children and young people in a broad range of areas. This report aims to complement that work by looking at the experiences of children and young people who are seeking support from the South Australian health care system around gender.

The health care system has been identified as a first port of call for families with a child who has questions around their gender. I've also been told how hit-and-miss this experience can be, and how the responses to the needs of these families and their children are falling short.

Trans and gender diverse children and young people have said that the services they need should be delivered in a timely, accessible and informed manner. Services need to combine primary health and specialist options, and should be supportive and gender-affirming. Barriers to delivery of gender-related health care services risk seriously complicating and delaying children and young peoples' access to important services.

There are other jurisdictions within Australia already delivering models of care that we can learn from and which can inform positive change in this area for South Australia. By exploring these here in this report, we can move toward the next step – that of bringing together those who have influence to advance our current systems in this area, with those who can guide the adjustments that need to be made. In this way, we not only take the conversation forward in a timely way, but we have a greater likelihood of benefitting children and young people sooner for whom the passage of time becomes a significant factor in their long term health and wellbeing.

It is clear from our discussions with the different groups we have involved in developing this report, that there is a genuine will for change at this time, as well as a commitment to doing a whole lot better for our trans and gender diverse children and young people. They themselves are telling us that we must do better, so they can stop paying for our failings.

A handwritten signature in black ink, which appears to read 'Helen Connolly'.

Helen Connolly

Commissioner for Children and Young People

Recommendations

In 1990, Australia ratified the *UN Convention on the Rights of the Child (CRC)*. This convention articulates the rights we recognise for children, including respect for their best interests as being a primary consideration as well as their right to development.

In 2018, the Royal Children's Hospital in Melbourne published 'Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents Version 1.1.' These treatment standards are based on empirical evidence and endorsed by the Australian Professional Association for Transgender Health (formerly ANZPATH).

Despite this, many trans and gender diverse children and young people in South Australia struggle to access support and treatment relating to gender, either through primary health services or other areas of the health system. This can be due to a lack of awareness of gender issues amongst practitioners, confusion regarding referral pathways, or the chronic shortage in specialist gender services that currently exists within this state.

Delays and barriers to accessing services often worsen health outcomes and contribute to development of co-morbidities that can detrimentally impact on a child or young person's mental and physical health in the long term. This can also add significantly to the final cost of their treatment.

This issue has been consistently raised by trans and gender diverse children, young people and their families. Children and young people have told the Commissioner that what they need to see within the health care system is a significant increase in access to information about and understanding of trans and gender diversity issues.

They've said that those who are working in primary and mental health care services need access to resources and training so that they can fulfil their role in providing the appropriate support and referrals.

They want to see the health care system strengthen and expand specialist services so that they meet the current and future needs, creating a total system that is inclusive, welcoming and affirming for trans and gender diverse children and young people now.

The discussions we've had in the course of preparing this report have shown that trans and gender diverse health care is a rapidly evolving area of practice. There has also been a high level of goodwill and commitment to working collaboratively across health and consumer groups, in the best interests of trans and gender diverse children and young people.

On advice received from trans and gender diverse children and young people, four distinct priority areas, requiring immediate attention, have been identified as follows:

1

More visibility

around gender diversity at the health system and societal levels, with a better understanding of the demographics and needs of trans and gender diverse children and young people.

2

Better information

for children and their parents/carers about gender diversity, therapeutic services and access pathways.

3

Better education and training

for GPs and other health workers, to improve the quality of primary and mental health care available to trans and gender diverse children and young people.

4

Gender-affirming health services

to be available to children when they need them, increasing resources and reducing waiting lists.

These areas are in no way intended to 'exhaust' the list of potential changes that would improve children and young peoples' access to gender-related health services. Rather, they identify a potential pathway for how reform of the system might be undertaken to deliver the levels of care and treatment that trans and gender diverse children and young people are entitled to receive.

Identifying as a Trans and Gender Diverse Child or Young Person

Demographic data on the extent and location of the trans and gender diverse community in Australia is very limited. The 2016 Census was the first to collect any data on gender diversity with 1,260 'sex and/or gender diverse' people recorded, including other sex and gender identities.

As the Australian Bureau of Statistics acknowledges, the methodology used to gather this data resulted in significant under-reporting. These limitations are compounded when identifying the number of trans and gender diverse children and young people. Children commonly are not responsible for reporting their own information to the ABS and trans and gender diverse children and young people may not yet have disclosed their gender identity to their parents/carers.

Based on statistics recorded by the Telethon Kids Institute at the Princess Margaret Hospital in Perth, Western Australia and The Royal Children's Hospital Gender Service in Melbourne, Victoria the number of school aged young people in Australia who identify as trans and gender diverse is somewhere between 1.2% and 2.5%. This corresponds with international studies

relating specifically to adolescents, which indicate trans and gender diverse young people comprise between 1.2%¹ and 2.7%² of their age cohort.

Stakeholders participating in this project indicated that from their point of view there is currently no consistent, rigorous or reliable source of data within or for the health system, regarding the size and demographics of South Australia's trans and gender diverse population. This lack of data is recognised as a real barrier to inclusion. Without it, development of evidence-based policy and service planning that can properly meet the needs of South Australia's trans and gender diverse children and young people is not possible. It also reveals a shortfall that must also exist for South Australia's trans and gender diverse adults.

Our Approach to Consultation

This report is informed by small group and individual consultations undertaken directly with trans and gender diverse children and young people, and their families. Advocates and professionals experienced in the pathways and service options available to the trans and gender diverse community in South Australia, were also consulted.

Consultations with children were underpinned by the use of a child-safe approach with issues navigated at their direction and instigation. The consultation sessions spanned both the early work of the Commissioner during her '2017 Listening Tour', as well as subsequent engagements undertaken specifically with

LGBTQI and trans and gender diverse children and young people. The strategy of engagement was to create safe, inclusive and respectful contexts for these children and young people to share their experiences and needs.

Methodology

Consultations included two group sessions held in partnership with host organisations. Participants were aged 12 to 25, drawn from diverse socio economic and cultural backgrounds. All identified broadly as LGBTQIA+, with participants in one session identifying specifically as trans or gender diverse.

The aim of the group consultations with children and young people was to explore what was important to them including what they thought needed to change to improve the processes and systems that were negatively impacting on their lives.

One of the sessions was highly structured while the other was designed to allow young people to take greater control of the focus of the conversation. Written reflections from children and young people were also received. All sessions were adapted to suit the individual

and collective needs of the group, ensuring everyone had an opportunity to make a positive contribution.

In addition, parents, carers, advocates and professionals working with trans and gender diverse children and young people through existing community groups were encouraged to contribute their ideas and experiences through individual contact.

The one-on-one consultations focused specifically on assessing the inadequacy of existing system responses to meeting the needs of trans and gender diverse children and young people. They were designed to identify how the health care system creates the conditions and experiences that have been reported by trans and gender diverse children and young people, including any potential solutions for implementation they recommend as a result of their experiences.

Accessing Gender-Related Health Services

In our discussions with children and young people, they consistently reported needing health services and support to navigate their experience. For some, this was about receiving therapies to transition to living in their gender. For others, it was about receiving support in relation to gender dysphoria or co-morbidities separate from, but related to, their gender dysphoria. For many, it was about both.

“ *‘Although transgender people are a small and ridiculed portion of the population, our voices are just as loud, and we deserve to have our voices heard.’*

The trans and gender diverse children and young people who participated in this project repeatedly stressed how marginalised and isolated they often felt, and that this was identified as a driver of many of their health needs.

“ *‘At the end of the day, we’re all just human and should be treated as such. There needs to be more respect in all systems (e.g. schools, medical areas) for us and other minorities. If we could change the way society treats us, it would make a lot of our lives easier and better.’*

How system entry should work

Universally, children and young people said that what they wanted was accessible and affordable health care that responds well to their needs and affirms their identity. In their conversations with us, children and young people consistently identified a supportive health care system as having a vital role in their wellbeing and development.

They place a high value on privacy and safety and they want treatment that is timely and informed by their own decisions and choices.

*‘We just want to be heard,
accepted and supported.’*

The most common entry point to any form of health care service is through public health providers. General practitioners and community health services are particularly important in delivering universal

access and supporting trans and gender diverse children and young people to be assessed and referred to appropriate specialist services.

Children felt strongly that any child or young person who is trans, gender diverse, or gender questioning, should be able to present to any GP or clinic for support and assistance. They should feel confident to discuss any issues they are experiencing in a non-judgmental environment.

This requires GPs and other primary health practitioners to be well informed and better equipped to work with children and young people who identify as trans or gender diverse. Having access to GPs who have already identified gender as an area of professional interest and who have pursued relevant professional development is critical. GPs also need to have ready access to accurate information on referral pathways to trans and gender diverse specialist health supports.

How system currently works

Unfortunately, for most trans and gender diverse children and young people consulted, when they and their families have presented at their GP to discuss gender-related matters, the responses they received were highly inconsistent. Many GPs did not have the knowledge or information needed to deliver the support the children and young people required. Some children and young people were being mis-gendered by experienced health practitioners with a perception that in some cases this was being done intentionally because the health service system does not have the capacity to record a preferred gender or a name appropriately.

Others reported feeling that health care workers were dismissive of their gender or discounted them altogether with the result that many trans and gender diverse children and young people felt judged due to their gender identity.

‘Transgender kids and youth face the intersection of transphobia and the disempowering place children face in society.’

For these children and young people this perceived ‘judgement’ added to the distress they were already experiencing. It made them feel excluded and discriminated against. It also delayed them from finding the help they needed, which sometimes had additional consequences for their long term health.

Other children had better experiences. Trans and gender diverse young people who had already connected with youth-specific community health services, including mental and sexual health practices, often found themselves working with GPs and counsellors who had a higher awareness of gender diversity. Within mainstream services, the best outcomes occurred where a GP was curious, open, and motivated to research gender diversity treatment options and referral pathways.

Sometimes families heard about practitioners who were ‘transgender friendly’ and, importantly, still taking on clients. However, this was still no guarantee of fast or easy access to services. Even working with the most supportive GP, referral pathways to specialist services were often unknown or unclear. Some families and practitioners made decisions based on ‘word-of-mouth’ information that sometimes turned out to be wrong.

The lack of consistent information resulted in children and families being redirected from within the system one or more times before arriving at the services they needed. This could add many months to their referral journey, often increasing the pressure children and young people and their families were already experiencing. It also increased the total resources that were ultimately required for the system to help them get to where they needed to be.

Barriers and alternative pathways

One of the first barriers experienced by trans and gender diverse children and young people and their families, was simply being able to access information that helped them understand what is happening when they first express that they are trans or gender diverse.

A lack of awareness and education around trans and gender diverse issues impacting on trans and gender diverse children and young people and their families in schools, the state's health care system, and in society at large is seen by many as contributing to creation of the gaps and shortfalls that currently exist.

“ If they don't know, how can they help? ”

Some young people were not aware they were trans until they reached their mid-teens. This meant it was too late for them to access 'stage one treatment'. Young people said that, due to the taboo nature of gender diversity, they had struggled to identify their experience, simply because they didn't have a name for it. Many spoke of stumbling across a television show, reading an article, or being provided with information by a mental health worker, which offered a match and language for their experience.

“ (I) came across it and finally! This is what I've been telling (people) the whole time. ”

As families identify that they need help to support their trans or gender diverse child, their next challenge is finding a health practitioner who can assist. Young people and parents turn to the web in the absence of known information sources. This can be a double-edged sword where families and young people might just as easily come across dated or inaccurate information, as much as they might any affirming and evidence-based material that offers quality information and localised pathways and locations.

A number of young people and families found assistance through the website Trans Health SA. This volunteer service is committed to providing quality resources to

South Australia's trans and gender diverse community, including access to the 'South Australian Practitioners List' - a consumer-informed guide to trans-friendly health practitioners operating across the state. The relatively small number of entries on this list demonstrates how few practitioners have experience working with the trans community, and more particularly with trans and gender diverse children and young people.

Children and young people told us that if options are limited in metropolitan areas, the problem is sure to be many times greater in rural and regional areas. The 'SA Practitioners List' has less than a handful of regionally-based practitioners, delivering services in a very limited range of practice areas. Everyone knew stories of families who regularly travelled hundreds of kilometres to access necessary services because there were none available more locally.

There are a very small number of professionals connected with Trans Health SA who also receive contact from families or GPs. These professionals essentially provide an unfunded information and referral service, dispensing advice on available services and access pathways.

Parents may also connect with Parents of Gender Diverse Children SA, a closed peer-support group raising awareness and sharing information in support of inclusion and diversity. This unfunded group provides vital resources for families who have few other places to go.

Many children and young people told us of a counsellor or social worker who had played an important role in helping them put a name to their experience. This fact reflects the disproportionately high representation of trans and gender diverse children and young people accessing support for their mental health, alcohol and/or drug misuse, eating disorders and other services. It also demonstrates why many children and young people receive system referral through a mental health practitioner.

Other access challenges

Some young people spoke about avoiding services for fear of judgement. In particular, young people talked about limited mental health and LGBTQI support services being available in schools, and how some counsellors might offer inappropriate services that could further delay access and cause harm.

“ ‘Counsellors at public school were religious, so I didn’t visit them.’ ”

Trans and gender diverse children and young people said that they and their parents/carers needed more information about gender diversity and gender-affirming therapy options. They said this was important in having parents/carers support their wish for treatment. Young people spoke about the difficulties of accessing any type of service if your parents/carers aren’t supportive.

“ ‘(I’ve) not been in therapy since last year. But (my) parents can’t be bothered. (They) don’t care enough, don’t make it happen. (But I) need it ... (I’m) struggling.’ ”

The legal parameters surrounding the administration of gender-affirming therapies have changed since the Family Court handed down the landmark ‘Re Kelvin’ decision in November 2017. However, there are still complex legal and medical processes required for many children seeking stage one and two treatment.

“ ‘Getting 2 parents’ signatures for things is not always an option or even possible.... which makes life very difficult for people.’ ”

These challenges are exacerbated for children and young people who are under the guardianship of the Minister. Certainly many of the children and young people we spoke with were mindful of the role of the Family Court in treatment consent, as well as the time and cost associated with legal processes.’

Certainly many of the children and young people we spoke with were mindful of the role of the Family Court in treatment consent, as well as the time and cost associated with legal processes.

“ ‘Two parent signature thing: Medicare card. Family law systems. Legal parents. Multiple issues.’ ”

Some young people highlighted the restrictions around independent access to health services through Medicare. Fifteen (15) is the youngest age at which someone can apply for a Medicare card, which is well into puberty for many young people. Others raised the difficulties associated with changing their name and gender on a Medicare card. Age was also a factor in other areas of service delivery, including gaining access to youth-specific LGBTQI support services or commencement of therapy.

Young people tied the issue of service access to their right to participate in their own health choices, with some reflecting the view that decisions were made between practitioners and parents/carers without their involvement or consent.

“ ‘In general (there) needs to be more trust in young people.’ ”

Children and young people talked about the cost associated with accessing health services and treatment. This included access to legal representation to secure consent for treatment where there is a disagreement between themselves and their parents/carers or between treating doctors and parents/carers. It also includes the cost of accessing health services (including mental health care services) through the private sector due to significant demand in the public system and the very limited resources available within it.

“ ‘If you are poor (you) don’t have the money to pay for choice.’ ”

Cost also relates to the price of treatment itself with stage one treatment not listed on the Pharmaceutical Benefits Scheme (PBS) and only very limited stage two treatments covered. As young people told us, ‘transition is expensive’ and it is an ongoing cost. For this reason, advocates said that young people are known to source medications and dangerous hormone supplements via the black market, placing their health at further risk.

Finally, young people and their advocates recognised the significant additional barriers that often operate for trans and gender diverse people coming from some Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities.

Specialist gender-related health services in SA

There is no single door that trans and gender diverse children and young people and their families can confidently walk through to receive access to the information and services they need. Even if there was, this wouldn't resolve the service shortages found on the other side.

There is a very small number of professionals in South Australia with specialist knowledge of working with the trans and gender diverse community. There are even fewer specialists who are experienced in working with trans and gender diverse children and young people or with the medical background required to prescribe gender-related therapies. This creates a highly vulnerable service system which is at risk of becoming unviable if any one of these professionals were to leave this area of practice.

Children requiring access to gender-affirming therapies will at some point need a referral to the Women's and Children's Hospital (WCH). Stage one treatment, which in South Australia requires parental consent and assessment by two medical practitioners, is only available through the WCH; mainly as it requires medicines which cannot be prescribed through the PBS.

Whilst provision of these services occurs through the WCH, there is currently no formal gender unit in operation. Instead, there is a tiny but dedicated cohort of medical professionals who work with trans and gender diverse children and young people as a fraction of their total practice. The informality of this arrangement exacerbates lack of service visibility and the known referral pathways.

Anecdotally, advocates told us that ten years ago gender specialists within the WCH may have seen only one or two referrals a year. Today, referrals are reaching between 150–200 children a year. Resources dedicated to working with children who identify as trans and

gender diverse, have grown at nowhere near this rate, and as a result gender specialist practitioners are now chronically overstretched.

The relatively small number of practitioners with expertise in working with trans and gender diverse children and young people also has implications for the standards of practice operating in SA. This is further exacerbated by South Australia's implementation of additional standards of assessment other than those which are specified in the 'Australian Standards of Care and Treatment Guidelines: for trans and gender diverse children and adolescents'. A consequence of applying this precautionary approach is the increased resources needed for this additional assessment having the knock-on effect of creating other resource shortages.

Children and their families told us that it could take up to 12 months to receive a referral to specialist services in South Australia, while advocates confirmed that the waiting list for an appointment with these services was reported to be up to another 12 months – though this varied depending upon the age and needs of the child. Some young people told us their wait for treatment meant it came too late for them to receive the full benefit, resulting in serious negative effects.

“ ‘Had to wait over a year for hormone blockers!’

“ ‘[I had a] 9 month wait - but at that time, after 9 months, [I was] fully grown. Now I don't need hormone blockers – [but I was] suicidal during that 9 months.’

At the same time, professionals in this space spend a significant portion of their time delivering information and resources to children and families before commencing assessment and treatment. This is in direct response to the lack of reliable information available elsewhere, adding further to the total time required to support each child and manage the flow-on effects of long waiting lists.

Associated health needs

When children and young people spoke about their health needs in relation to their gender diversity access to mental health services was usually raised. Demand for better mental health services relating to the experience of adolescence, reflected the disproportionately high incidence of mental health issues that exists among trans and gender diverse children and young people.

‘Often many LGBTIQ+ young people have mental health issues coz of how they are treated.’

Children and young people highlighted the need for better mental health supports within schools and the health care system. They stressed the need for these services to be delivered by youth workers, social workers and other mental health professionals, within a welcoming and non-judgmental practice approach.

Children and young people also described how other health issues they experienced were exacerbated by their difficulties in accessing gender-related services.

“ ‘Yes I have gender dysphoria. Yes I have other co-morbid conditions but I had never had an[y] issues with eating until I was so distressed about learning that the older I get the more fat I would put in areas of my body that would make me be more female. Not what I wanted.’

“ ‘They say eating disorders within the transgender community is very high. Why did they not warn me about this, why do they not prevent this?’

Children and young people highlighted the role that sexual health education plays in helping them understand trans and gender diverse identities. If they had been given access to resources to help them anchor and identify their experience, many felt this would have helped them through it, enabling them to feel less excluded as it occurred.

‘Inclusive and comprehensive sex education is important if we care about the health and emotions of our kids and young people.’

Professionals and advocates also highlighted the need for young people to receive access to fertility services to preserve reproductive options. They spoke about the need for GPs to better understand the health needs of trans and gender diverse people as they get older, such as screening trans women for prostate cancer and trans men for cervical cancer, or understanding the potential long-term health effects of gender-affirming therapies. They also raised the issue of transitioning children to adult services at age 18, and how in-effectively this is currently done, particularly when there are few or no providers in the public health care system delivering gender-related services for adults.

Priorities for change

Because of the lack of information and knowledge available within generalist services, children and young people said that what they need as a priority is better access to all health services connected with their trans experience. This includes mental health and primary health services which bring them into contact with non-judgmental gender-affirming doctors and specialist services who can provide them with accurate information and advice.

In addition, obtaining information and specialist services needed to take into account the time-sensitive nature of accessing gender-affirming therapies, because they sometimes require delaying the onset of puberty and the arrival of more defined sex characteristics. In all instances, children and young people experienced their needs as acute and saw delays in their service delivery as exacerbating the difficulties they were already experiencing.

‘While I have support now, I waited for months for this and during this time I was falling apart and nearly ended it multiple times, and I believe my mental health worsened because of no support.’

They wanted those working in the health and education systems to have a better understanding and awareness of the needs of trans and gender diverse children and young people. They felt this would reduce stigma and improve early support that could help avoid difficulties and complications over the long term.

‘Teens are not urged to reach out when they need help. We need better support from professionals.’

Young people recognised that professionals also need support through education and training. They wanted information about gender diversity to be included in medical training; not just for GPs but for other health professionals too. They also wanted teachers and community workers to receive professional development.

‘(The) system is failing the people who are supposed to be helping people the most.’

The fact that this kind of training often wasn’t available for some professional groups, felt unfair to children and young people. An approach of this kind would also offer a remedy to trans or gender diverse children and young people who currently feel dismissed or discriminated against when accessing health services.

Trans and gender diverse children and young people often saw their parents as their biggest source of support and help, especially when their parents respected and acknowledged their experience. They also felt their parents needed more information and support just as much as they did. They saw that the more education their parents had access to, the more supportive they were able to be to them.

*‘My mum was
tearing her hair out for
help and support and
I know she found it hard
to get it.’*

Overwhelmingly, trans and gender diverse children and young people wanted to be ‘normalised’ – ‘every school is safe, every school should be safe [and] assume any kid could be trans’.

Most trans and gender diverse children and young people said that they had experienced being ‘judged’. Most were in no doubt that the negative effect this had on their own health and wellbeing was profound. They wanted community role models, visibility, and inclusion.

“ ‘We are the generation for change.’

“ ‘We are just normal people trying to live our daily lives and be happy with ourselves’.

Children said they wanted better data collection processes put in place and that data should only be collected in relation to sex and gender when it was really needed – they said ‘when it doesn’t matter, don’t ask.’ When data does need to be collected, particularly for service planning, they wanted better and more inclusive options than just ‘other’ for gender category choices that went beyond male and female.

Trans and gender diverse children and young people also wanted greater choice and a greater say over the therapeutic services they received. Many wanted more flexibility around the age restrictions associated with the two stages of treatment, and the surgery to support transition. They also want more personal control and less legal restrictions over their choices to be who they want to be.

*‘Why do
law makers make it
so difficult for people
to try to be who they
want to be?’*

Trans and gender diverse children and young people want significantly more options for those who are living outside metropolitan Adelaide. And they wanted the perspectives and views of trans and gender diverse children and young people to be taken into consideration, when laws and policies that have direct impact on their lives are being developed.

“ ‘Transgender people and children are both groups not really heard by society (at least compared to cis people and adults). Improving the status of transgender people and considering children’s rights are some thoughts.’

“ ‘Our voices don’t matter any less.’



Proposed strategies and models

‘The process to medically transition under 18 [years of age] clearly needs to be improved. Not just a technical solution, but also a change in society.’

1

Trans and gender diverse children and young people want more visibility both at the societal level and with South Australia's health system. If government and health service data collection practices are reviewed to include demographics of trans and gender diverse children and young people this would be a critical step to delivering on this, while also enabling better planning to meet their service needs.

If the state government reviewed its data practices and methods, applying a 'rainbow lens' to the collection and analysis of this data, a much more accurate picture of the size and nature of the trans and gender diverse community could be formed.

In 2018, the Victorian government released its 'Designing for Diversity' framework for embedding the needs of diverse communities in all health policy and service design processes. This included a minimum data set guide that provided a best practice approach to the collection of data on all forms of diversity, including gender diversity. It is an approach that may offer a useful starting point for South Australia.

2

A change to data collection at health service delivery points could include options for patients of all ages to choose to identify as trans and gender diverse when accessing services.

The Royal Australian College of General Practitioners (RACGP) and the Australian Medical Association (AMA) SA branches could liaise with the small number of service providers currently delivering databases to GPs, to improve their ability to collect information on gender diversity.

This would also help these individual practices build a better understanding of their trans and gender diverse clients.

3

The government could resource the Women's and Children's Hospital (WCH) to undertake regular data analysis of referrals and outcomes for children seeking gender-related treatment. Such a research function exists within the gender clinics in Western Australia and Victoria, and if introduced here would assist in quantifying and tracking demand and support to improve service planning in South Australia.

Children want themselves and their parents/carers to have access to more information about gender diversity and therapeutic services with Trans Health SA and Parents of Gender Diverse Children SA currently trying to fill this gap with volunteer resources.

The State government could make a small allocation in its annual health budget to build upon the peer-based services being delivered through these groups.

This would be similar to arrangements already operating in the ACT, Victoria and NSW, where government funding is made available for provision of localised information, resources and support for and by the trans and gender diverse communities

in each of these jurisdictions. Similarly, consumer groups in South Australia could provide general information on gender diversity, research and resources, and connect children and parents/carers to social supports. Simple flow-charts could be developed outlining assessment processes, with consumer-informed perspectives on service needs included as well as the type of response likely to be needed or required at a particular age. Information could also be developed around trans and gender diverse health consumer rights, and around legal and financial matters relating to treatment and transition.

The Women's and Children's Hospital could be funded by state government to develop and publish resources like these for trans and gender diverse children and young people, their families and GPs. Ideally they would promote 'The Australian Standards of Care and Treatment Guidelines', including information on all available services and referral pathways within and outside the hospital; similar to information already available in other states such as Victoria through the Royal Children's Hospital.

4

To improve the quality of primary and mental health care available to trans and gender children and young people, GPs and other health workers need better education and training.

The Royal Australian College of General Practitioners (RACGP) delivers a Quality Improvement and Continuing Professional Development (QI&CPD) Program to support Australian GPs maintain and improve their professional knowledge and skills. In 2018, the University of Melbourne's Department of General Practice development an online module for GPs, practice nurses and medical students around practice standards and referral pathways for trans and gender diverse patients. RACGP NSW is currently piloting a new training program in partnership with Sydney University and the Gender Centre NSW. Modules of this kind could be developed and implemented in South Australia, with local referral information incorporated.

5

The RACGP and Australian Media Association (AMA), in partnership with Trans Health SA, could work with South Australia's universities to include content on trans and gender diversity within undergraduate medical and health sciences degree courses. They could collaborate on the development of specific information and resources for GPs, building upon those currently available via the Trans Health SA website.

In the medium-term, a combination of further education and training, and forms of accreditation such as adoption of 'The Rainbow Tick Standards' might enable GPs to self-identify as trans-friendly. This could form the basis for a GPs' inclusion on the Trans Health SA's 'Trans and Gender Diverse Practitioners List'. Ultimately, this approach could be replicated across other health professions to build a body of medical practitioners in South Australia who are known for their inclusive practice and approach. This could be a stepping stone to building capacity across the entire primary health sector over the long term, thereby enabling delivery of ongoing support and gender-affirming therapies such as those described below later in this report.

6

Trans and gender diverse children and young people want gender-affirming services to be available when they need them. This requires an urgent increase to the resources currently operating within the WCH, to reduce waiting lists and meet current and future demand.

Work is currently being done to develop a model of care for a multi-disciplinary gender health services unit to be established at the WCH. The specialist unit would be based on gender clinics currently operating in Victoria, Western Australia and Queensland. It would include allied health professionals who are qualified to triage referrals and provide general education and information to trans and gender diverse children and young people and their families.

A dedicated unit such as this would likely help to reduce waiting lists, improve service responsiveness, and ensure access is based on greatest need, releasing hospital staff to build on and deliver these specialist services. This work could be fast-tracked and positioned as the first step in achieving overall system reform.

7

As metropolitan services are improved, solutions need to be found to address the shortage of regional services. A new gender unit in the WCH might incorporate telehealth options, which could be complemented by establishment of primary health-focused gender clinics. Existing models of this kind include Equinox, a health and wellbeing service and general practice clinic for the trans and gender diverse community in Victoria.

Clinics could be established in the north and south of metropolitan Adelaide with locum clinics established in regional centres. GPs seeking to specialise in working with the trans and gender diverse community could train in these clinics, while medical students could acquire expertise through placement at these centres as part of the practical component of their undergraduate degree. Along with other initiatives around training and education, these clinics could play a role in building capacity in primary health care practices across the state, delivering mainstream services uniquely suited to the needs of South Australia's trans and gender diverse community.

As an example, the Victorian Department of Health and Human Services recently commissioned the 'Trans and Gender Diverse Service System Development Project'. The final report from the project was published in June 2018. It outlines a new statewide service model for delivery of trans and gender diverse health and support services based on a primary health care model.

ACON's 2019 'A Blueprint For Improving The Health and Wellbeing of the Trans and Gender Diverse Community in NSW' also highlights the importance of primary health care services in delivering affirming and inclusive services to the trans and gender diverse community. This is similar to models operating, at different stages of development, internationally.

Next Steps

Children and young people have been unambiguously clear; the way gender-related health care services are currently being delivered in South Australia is having an adverse effect on their lives and their ability to live as they choose.

The ideas put forward in this report are in no way exhaustive of the reforms needed to resolve all the issues trans and gender diverse children and young people have told us about. However, achieving some of the proposed outcomes improvements outlined in this report would go a long way to responding to their immediate needs.

I urge key stakeholders to take the next step and host a summit bringing together a broad range of stakeholders across the systems of government, health care provision and consumer groups, and begin the work needed to improve these systems immediately, including the service delivery they are designed to facilitate.

Trans and gender diverse children and young people must be strongly represented at this summit and closely consulted throughout the

improvement process. The summit could begin with a discussion around each of the proposed strategies and models outlined in this paper and focused on identifying ways in which trans and gender diverse children and young people can access appropriate health care services more easily.

By working with key influences, decision-makers and representatives from the trans and gender diverse community, solutions that actually work are more likely to be found. For those children and young people whose lives are directly impacted by the current shortfalls in the system there is an urgent need. We can create a service system that meets the fundamental rights and needs of trans and gender diverse children and young people across South Australia if we make such outcomes our priority.

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Endnotes

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